



BARBARA K. CEGAVSKE
Secretary of State
Elections Division
101 North Carson Street, Suite 3
Carson City, Nevada 89701-3714
Phone: (775) 684-5705
Fax: (775) 684-6718
Website: www.nvsos.gov

FAX

Office of the
Secretary of State

Barbara Cegavske
Elections Division

State of Nevada
**Committee for Political Action
(PAC)**
Registration Form
Page 1

JStokes
12/1/2015
#635

ABOVE SPACE IS FOR OFFICE USE ONLY

<input type="checkbox"/> New Registration	<input type="checkbox"/> PAC (Advocating Passage or Defeat of a Ballot Question)
<input type="checkbox"/> Annual (Due on or before January 15th of <u>each</u> year, NRS 294A.230(4)(b))	
<input checked="" type="checkbox"/> Amended Registration: check all that apply	<input type="checkbox"/> Change Officers
	<input checked="" type="checkbox"/> Change Registered Agent
	<input checked="" type="checkbox"/> Change Address
	<input type="checkbox"/> Change Name <input type="text"/> Previous Name of PAC
	<input type="checkbox"/> Other: <input type="text"/>

Name of Committee:

Telephone:

Nevada Medical PAC

Mailing Address:

3700 Barron Way

Reno

NV

89503

Street Name, Number

City

State

Zip Code

PAC Active Email Address: **PURPOSE:** Briefly state the purpose for which the PAC was organized.

REGISTERED AGENT: pursuant to NRS 294A.240, each PAC must appoint and keep in the State a registered agent, as provided in NRS 14.020, who must be a natural person who resides in the State of Nevada.

Name of Registered Agent:

Telephone:

Catherine O'Mara

775 825 6788

Physical Address:

3700 Barron Way

Reno

NV

89511

Street Name, Number

City

State

Zip Code

REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

☒

Signature of Registered Agent

Date:

12/01/15



BARBARA K. CEGAVSKE
Secretary of State
Elections Division
101 North Carson Street, Suite 3
Carson City, Nevada 89701-3714
Phone: (775) 684-5705
Fax: (775) 684-5718
Website: www.nvsos.gov

State of Nevada
**Committee for Political Action
(PAC)**
Registration Form

Page 2

OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title: _____ Telephone: _____

Mailing Address: _____

Street Name, Number _____ City _____ State _____ Zip Code _____

Officer Name and Title: _____ Telephone: _____

Mailing Address: _____

Street Name, Number _____ City _____ State _____ Zip Code _____

Officer Name and Title: _____ Telephone: _____

Mailing Address: _____

Street Name, Number _____ City _____ State _____ Zip Code _____

Officer Name and Title: _____ Telephone: _____

Mailing Address: _____

Street Name, Number _____ City _____ State _____ Zip Code _____

AFFILIATIONS: If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary).

Name of Organization: _____ Telephone: _____

Mailing Address: _____

Street Name, Number _____ City _____ State _____ Zip Code _____

Name of Organization: _____ Telephone: _____

Mailing Address: _____

Street Name, Number _____ City _____ State _____ Zip Code _____

Name of Organization: _____ Telephone: _____

Mailing Address: _____

Street Name, Number _____ City _____ State _____ Zip Code _____

SUBMITTED BY:

X *Catherine O'Mara* Printed Name: _____ Date: _____ Telephone: _____
Catherine O'Mara 12/01/2015 775 825 6788
Signature of Representative of Group